Unit 3. Paper Filing

Paper Filing

- Get forms at:
 - http://www.fcc.gov/formpage.html
- You will need:
 - Main form 601
 - Schedule D
 - Schedule H
- You may also need other forms for FCC Registration Number and antenna registration.

Main Form 601

- Contains basic information
- File one Form 601 for every six fixed station locations

lain Form 1) Radio Service Code:

CC 601

FCC Application for wireless relecommunications Bureau **Radio Service Authorization**

1a) Existing Radio Service Code:

Approved by OMB 3060 - 0798 See instructions for public burden estimate

eneral Information

12) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously

approved by waiver, or functionally integrated with an existing station?

2)	(Select only one) (NE - New MD - Modification AM - Amendment NE - Renewal Only RM - Renewal/Modification AM - Amendment AM - Cancellation of License AU - Administrative Update WD - Withdrawal of Application DU - Duplicate License NT - Required Not EX - Requests for RL - Registered License	Extension of Time								
3a)	If this application is for a <u>Developmental License</u> , Demonstration License, or a <u>Special Temporary Authorization (STA)</u> , enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).	(<u>)D M S N</u> /A								
3b)	If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	(<u>)Y</u> es <u>N</u> o								
4)	If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	ly File Number								
5)	If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign								
3)	If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).									
7)	Is this application "major" as defined in §1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929).	(N)Yes No								
3)	Are attachments (other than associated schedules) being filed with this application?	(Y)Yes No								
ees	, Waivers, and Exemptions									
9) Is	s the Applicant exempt from FCC application fees?	(<mark>Y</mark>)⊻es <u>N</u> o								
10)	Is the Applicant exempt from FCC regulatory fees?	(Y) <u>Y</u> es <u>N</u> o								
11a) Does this application include a request for a Waiver of the Commission's Rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(N)Yes No								
11b) If 11a is 'Y', enter the number of rule sections involved.	Number of								

Rule Section(s):

<u>)Y</u>es

Νo

Applicant Information 13) FCC Registration Number (FRN):						
get this o	nline	an	d enter t	the FRN	num	her
14) Applicant/Licensee Legal Entity Type: (Select () Individual ()Unincorporated Associa	One)	ust	()Government		oration ()Limited Liability Company
() General Partnership () Limited Part			mited Liability Partn	ership () Co	onsortium	
()Other: enter a	as app	ro	priate			
15) If the Licensee name is being updated, is the to another party and for which proper Com provided?						(<u>)Y</u> es <u>N</u> o
16) First Name (if individual):	N	/II:	Last Name:		I	Suffix:
17) Legal Entity Name (if other than individual):	tor or	กล	nization	's inform	natio	n
18) Attention To:	itei oi	yaı	IIIZation	3 11110111	iatio	
,						
19) P.O. Box:	And/Or	20) (Street Address:			
21) City:	I	1		22) State:	23) Zip	Code:
24) Telephone Number:			25) FAX:	1		
26) E-Mail Address:						
7) Demographics (Optional):						
Race: ()American Indian or Alaska Native	Ethnic	-	ic or Latino	G	ender:)Male	
ontional	linfo	•	spanic or Latino)Female	
		NOL I IIS	spanic of Latino	()i eiliaic	
()Black or African-American						
()Native Hawaiian or Other Pacific Islander						
()White						
leal Party in Interest						
28) Name of Real Party in Interest of Applicant (If Applicant):	different from		29) FCC Reg	gistration Number (F	RN) of Real	Party in Interest:
contact Information (If different from the Applican Check here if same as Applicant.	it)					
30) First Name:		MI:	Last Name:			Suffix:
31) Company Name: enter (organi	zat	tion's in	formatio	n	
				bove, otl		ise
33) P.O. Box: the ch	ackba	Va l	shown)	will do		
33) Р.О. вох. — — — — — — — — — — — — — — — — — — —	/Or	(4) P	Gartona 2011)	will do		
35) City:			36) State	e:	37	7) Zip Code:
38) Telephone Number:			39) FAX:			
40) E-Mail Address:						
			1			

		X					
) <u>C</u> ommon Carrier ()Non-Common Carrier	() <u>P</u> rivate, interna	al communications () <u>B</u> roadcast Services	s () <u>B</u> a	nd <u>M</u> an	age
pe of Radio Service							
 This filing is for authorizati 	ion to provide the following	g type(s) of radio service	ce (choose all that app	oly):			
<u>^)F</u> ixed () <u>M</u> obile ()Radiolocation	() <u>S</u> atellite (sou	und) () <u>B</u>	roadcast Serv	ces	
3) Does the Applicant propos	se to provide service inter	connected to the public	telephone network?		(N	<u>Y</u> es <u>N</u>	<u>Ι</u> ο
en Ownership Questions (l	If any answer is 'Y', prov	vide an attachment ex	plaining the circum	stances)			
4) Is the Applicant a foreign				,	(N) <u>Y</u> es <u>I</u>	<u>N</u> o
5) Is the Applicant an alien o	r the representative of an	alien?			(N) <u>Y</u> es <u>I</u>	<u> </u>
6) Is the Applicant a corporat	tion organized under the la	aws of any foreign gove	ernment?		(N) <u>Y</u> es <u>I</u>	<u>/</u> 0
 Is the Applicant a corporate representatives or by a for foreign country?) <u>Y</u> es <u>I</u>	<u>4</u> 0
	or indirectly controlled by a ted by aliens, their represe nder the laws of a foreign o	entatives, or by a foreig) <u>Y</u> es	<u>N</u> o
8b) If the answer to 48a is 'Y Act with respect to the sa	", has the Applicant receiv ame radio service(s) and g				(N	//	<u>N</u> o
	", attach an exhibit that ide ble, release date, and any			ratory ruling(s) by DA/F	CC number of	the FC0)
If the answer to 48b is 'N the Communications Act.	l', attach to this filing a date	e-stamped copy of a re	equest for a foreign ov	wnership ruling pursuant	to Section 31	O(b) (4)	of —
sic Qualification Questions	s						
 Has the Applicant or any p permit revoked or had any permit denied by the Com 	application for an initial, r	d any FCC station auth modification or renewal	horization, license or or to I of FCC station author	construction orization, license, or cons	struction (N) <u>Y</u> es	<u>N</u> o
0) Has the Applicant or any p ever been convicted of a f	party to this application, or		ndirectly controlling the	e Applicant,	(N) <u>Y</u> es	<u>N</u> o
Has any court finally adjuct monopolizing or attempting manufacture or sale of rad	g unlawfully to monopolize	e radio communication,	, directly or indirectly,	through control of) <u>Y</u> es	<u>N</u> o
If the answer to any of 49-	·51 is 'Y', attach an exhibit	explaining the circums	stances.				
ronautical Advisory Station	n (Unicom) Certification						
 (X) I certify that the st tower, RCO, or FAA fligh within ten days prior to a 	it service station, that I have	property of the airport to ve notified the owner of	to be served, and, in f the airport and all av	cases where the airpo riation service organizati	rt does not ha ons located at	ve a co the airp	ontro ort
oadband Radio Service and	d Educational Broadban	d Service Cable Cros	s-Ownership				
3a) Will the requested facilit	ies be used to provide mu	Iltichannel video progra	amming service?		(N) Aes	<u>N</u> o
3b) If the answer to question (as defined in Section 27. area is located within the		Rules) in a cable telev	vision system whose f		(N	/)Xes	<u>N</u> o
ote: If the answer to questules or justifying a waiver of						sion's	
oadband Radio Service and 4) (For EBS only) Does the A of the Commission's Rule	Applicant comply with the p		ents contained in Sec	ition 27.1203	(N	/X s	<u>N</u> o
ote: If the answer to item : stifying a waiver of that rule. 5) (For BRS and EBS) Does	If a waiver of the Commi	ssion Rule(s) is being i	requested, Item 11a n	nust be answered 'Y'.	Commission's		
o, (1 or 510 and 650) 506:	Sano Applicant compry wit	11 Journal 27.JU, 27.J	, und 27. 122 i Oi (IIC	Commission a Mulca!	'N	/ A s	<u>N</u> o ed,

	because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.										
2)	The Applicant certifies that grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the Applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.										
3)	The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.										
()	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.										
i)	The Applicant certifies that it either (1) has current required ownership application, or (3) is not required to file ownership data under the Com			updated ownership	data simult	aneously with this					
5)	The Applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.										
)	The Applicant certifies that it has reviewed the appropriate Commissio license(s).	n Rules	defining eligibility to hold the request	ed license(s), and is	eligible to h	old the requested					
3)	The Applicant certifies that it is not in default on any payment for Comn	nission lic	enses and that it is not delinquent or	any non-tax debt o	wed to any	federal agency.					
<u>)</u> T	ature yped or Printed Name of Party Authorized to Sign										
	t Name:	MI:	Last Name:			Suffix:					
57)	Title: sign and date										
Sigr	nature:				58) Date:						
	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN D										
OV	n grant of this license application, the Licensee may be subject to erage requirements will result in termination of the license. Consul apply to the type of license requested in this application.										
100	LFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTA 01) AND/OR REVOCATION OF ANY STATION LICENSE OR CONS 0:47, §503).										

Schedule D

- Provides station location information
- File one Schedule D for each station location
- Up to six station locations allowed per main form 601

chedule D

Station Locations and Antenna Structures

3060 - 0798 See 601 Main Form Instructions for public burden estimate

Action Requested: ()	<u>A</u> dd	<u>M</u> od <u>D</u> el	2) Location Number:							
enter appropriate co Location Description:	de	4) Area of Operation	new=FX, rene	wal=existing (5) Location Name	call ·					
·		4) Area of Operation (Joue.							
fixed		N/A for fixed		optional 20 character name						
FCC Antenna Structure Regist	ration # or	N/A (FAA Notification r	not Required):							
N/A unless near airport or on tower										
Latitude (DD-MM-SS.S):		NAD83	8) Longitude (DDD-M	M-SS.S):	NAD83					
	-4- 1-4	(N) <u>N</u> or <u>S</u>	NIM 00 0 fa	-4	(W) <u>E</u> or <u>W</u>					
Street Address, Name of Land		lon entry is DDI		at						
Street Address, Name of Land	ilig Alea, o	i Other Location Descr	iption.							
1										
)) City:		11) State:		12) Gounty/Borou	gh/Parish:					
$\sqrt{}$		\		V						
3) Elevation of Site AMSL (mete	ers)	14) Overall Ht AGL W	/ithout	15) Overall Ht AG	L With					
์ ('a' in antenna structure exan	. ,	Appurtenances (ı		Appurtenance						
ground level elevation	n	('b' in antenna sti height above gr	ructure example): ound of the	•	structure example): the height of the					
above sea level		the antenna mo		antenna.	the height of the					
S) Compared Chronelone Tonson				antenna.						
S) Support Structure Type: see FCC's table										
7) Location Number:	18) Radiu	s (km):	19) Airport Identifier:	20) Sit	e Status:					
(only for Area of Operation Code 'A')										
17-23 do not apply	to fixed	l stations. Leave	e blank.							
 	SS.S):	NAD83	22) Maximum Longitu	ide (DDD-MM-SS.S	S): NAD83					
se for rectangle only (Northwest	corner)	() <u>N</u> or <u>S</u>	Use for rectangle only	(Northwest corner)	() <u>E</u> or <u>W</u>					
B) Do you propose to operate in FCC Main form ins	an area th	at requires frequency of street is the street of the street is the street of the street is the street of the stree	oordination with Canad here Canadian	da? coordination	is required.					
l) Description: (only for Area of										
N/A										
	Hand Held	Mobile	_Temporary Fixed	Aircraft	Itinerant					
N/A S) Would a Commission grant o	f Authoriza	tion for this location be	an action which may h	ave a significant	(N) <u>Y</u> es <u>N</u> o					
environmental effect? See Se	ection 1.130)7 of 47 CFR.	•	_	(14) 100 110					
If 'Yes', submit an environme		<u> </u>	<u> </u>							
 (a) If the site is located in one of proper Quiet Zone entity was 	s notified: ˌ			,						
he Quiet Zone affects b) Has the Applicant obtained	areas o	of VA and WV. S	ee FCC instructi	ions if approp	riate.					
specified in this application	?	r consent from the prop	or squict zone entity it	and same technic	() <u>Y</u> es <u>N</u> o					
S) Do you propose to operate in	an area th	at requires frequency o	oordination with Movie	02	(N) Ves No					
Mexican coordination	is not r	equired for ALE	RT, regardless of	of location.	(N) Yes No					
					FCC 601 – Schedule D					

Schedule H

- Provides frequency and emission location
- Ties information back to the corresponding Schedule D entries
- Multiple antennas and frequencies may be assigned to each Schedule D location

FCC 601 Schedule H

Technical Data Schedule for the Private Land Mobile and Land Mobile Broadcast Auxiliary Radio Services (Parts 90 and 74)

3060 - 0798 See 601 Main Form instructions for public burden estimate

Approved by OME

Eligibility 2) Describe Activity
Collect hydrologic data in cooperation with the federal 1) Rule Section: 90.173 (c) government. See attached federal coordination letter." Frequency Coordinator Information (if not self-coordinated) 5) 6) Frequency Coordination Name of Frequency Coordinator Telephone Number Coordination Number Date "Self-coordinated through IRAC Federal Hydrologic Validation Process" 7) Has this application been successfully coordinated? (Y)Yes/No yes, see attachment Extended Implementation (Slow Growth) (N)Yes/No 8) Are you requesting a new or modified extended implementation plan? If 'Yes', attach an exhibit with a justification and a proposed station construction schedule. Associated Call Signs (Attach additional sheets if required) Broadcast Auxiliary Only If there is an associated 10) Facility Id of Parent 11) Radio Service of 12) City and State of Parent Station Principal Parent Station, complete Station: Parent Station: Community: Items 10-12. N/A 14) State of Primary Operation: 13) If there is no associated parent station, this Applicant is a: (Television Cable Operator **B**roadcast Network Entity Motion Picture Producer Television Producer Control Point(s) (Other than at the transmitter) (Attach additional sheets if required) 15) 16) 17) 18) Action Control Point Telephone Location A/M/D Number Street Address, City or Town, County/Borough/Parish, State Number For ALERT, this is typically the administrative address and location.

Antenna	Informati	on						
19) Action	20) Location	21) Antenna	22) AAT	23) Antenna Ht.	24) Azimuth	25) Beamwidth	26) Polarization	27) Gain (dB)
()	Number	Number	(meters)	(meters)	(degrees)	(degrees)	Folalization	Gaili (ub)
A/M/D				,				
	_	_						
Α	1	1	N/A					
	•	4	N/A					
Α	2	1	IV/A					
			N1/ A					
Α	3	1	N/A					
A	4	1	N/A					
Α	_		N/A					
	5	1	10// (
^			N/A					
A	6	1	IN/A					
					 			
	This e	example a	ssumes ther	e are six loc	ations listed	d on six sche	dule D's.	
			sents one lo					
	_4011	o ropie		Janoii.				
	The e	xample al	lso assumes	there is one	new antenr	na per location	n.	
	line 1	9 = enter :	add, modify,	or delete as	required			
			rresponding		•	ino 2 schodu	ılo D	
						ine z, scrieut	ile D.	
			irst" antenna					
	(note	: if the lic	ense was pro	eviously iss	ued by the F	CC, the FCC	will assign	
	a call	sign and I	location num	ber for refe	rence. Use t	hese if appli	cable.)	
			quired for AL			• • •	,	
			•		m Cobodula	D itom 45		
			na height. U	•		•		
			na direction (
	line 2	5 = anteni	na beamwidt	h (from man	iufacturer) o	r 360 if omni	directional	
			ly "V" for ver		•			
			nanufacturer					
			a.iaidotai6i	1	I	1]	
				•				

Frequency Information											
28) Action () A/M/D	29) Location Number	30) Antenna Number	31) Frequency (MHz)		32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators	
A	1	1	Existing (if mod)	New				,,			
			Existing (if mod)	New							
Α	2	1	Existing (if mod)	New							
Α	3	1	Zaloung (ii mou)								
		•	Existing (if mod)	New							
Α	4	1	Existing (if mod)	New							
Α	_	4	Existing (it mod)	New							
	5	1	Existing (if mod)	New							
Α	6	1									
			Existing (if mod)	New							
			Existing (if mod)	New							
	This	example	e assumes the	ere are six lo	cations	listed	on six s	chedule	D's.		
	Each	line rep	oresents one l	location.							
	Thora	vamnla	also assume	e thoro ie on	o now t	ranemi	ttor from	uonov r	or locati		
	I IIIe e	xample	aiso assume	s there is on	e new t	lalisilli	iter ireq	uency p	Jei locati		
	line 2	8 = ent	er add, modify	y, or delete a	s requii	ed					
			correspondin			rom lin	e 2, sch	edule D).		
			"first" antenn license was p			the EC	°C the F	CC will	accian		
	•		id location nu	_	_		•		_		
		_	er the approp				•	•	,	-	
			er "FX" for "fi	xed"							
		3 = ent	er "1" . or leave blan	l _z							
			or leave blaner output pow		nufactui	rer)					
			er effective ra				lculatio	n derive	ed from		
			r and antenna								
	line 37 = usually "11KF2D" for narrowbanded ALERT transmitters (obtain from										
	manufacturer)										
	<u> </u>										
			Existing (if mod)	New							
			Existing (if mod)	New							